

ATTESTATION

All proctors need to submit this form to KDHE/Health Occupations Credentialing

I agree to the following test security measures:

1. I will secure the certified medication aide tests and keys to ensure confidentiality.
2. I will release the tests from this secured place only for the administration of the test.
3. I will assure that the tests will not be reviewed except at test time by the individuals taking the test.
4. I will return the tests to the designated secure place following testing. (Briefcases and car trunks should not be considered secure locations.)
5. I will notify HOC of missing tests and/or the need for replacement tests. Damaged tests will be returned to HOC to be destroyed.
6. I will notify HOC if the person named below is no longer responsible for the tests and the name of the person responsible. (Each person who handles the tests must sign an attestation, and when you are no longer responsible for tests, the department should be notified so that we may note the attestation.)
7. I will complete the Test Number Inventory Form in January, April and September and submit it to HOC.

I understand that failure to meet the responsibilities outlined above may result in termination of test administration privileges.

Name

Signature

Date

Name of Sponsoring Entity

Address

I will need _____ copies of each form of the medication aide tests.

Please send this form to:

Mary Flin, Education Coordinator; Health Occupations Credentialing
1000 S.W. Jackson, Suite 200; Topeka, Kansas 66612
Fax: 785-296-3075; mflin@kdheks.gov

Kansas Certified Medication Aide Test Number Inventory Form

Name, Address, Phone and Email of Proctor who inventoried tests (Print):

Please inventory tests in January, May and September of each year, and any time there is a change in proctor. Please remember that any new proctor, and anyone else who has contact with State tests, must sign a security attestation and send it to Mary Flin, Education Coordinator, at the above address. The security of State certification tests is vital to the integrity of training programs. Thank you for helping us maintain security by returning this form and completing all attestations at the appropriate times. (Please check each number. Do not assume by the first and last number that all are there. Note that all damaged tests need to be returned to the above address to be destroyed.)

Test form and numbers: eg. Form 11-1, 100001- 100010.	Test form and numbers: eg. Form 11-2....	Test form and numbers: eg. Form 11-3....	Address where tests are being kept secured	Please note any returned or received test numbers since last inventory.	Date of Inventory	Initials of proctor signing off on inventory

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